

Name
in
Full

Jamie V. Ackison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>near Level</u> Town		<u>Harford</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>18</u>	Years <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Harford Co. Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Albert Ackison</u>	Father's Birthplace <u>Harford Co.</u>				
Mother's Maiden Name <u>Sadie Elliot</u>	Mother's Birthplace <u>Harford Co.</u>				
Name of person giving information <u>Albert Ackison</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

10

How long

2 weeks

How long

2 days

Primary

La Grippe

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

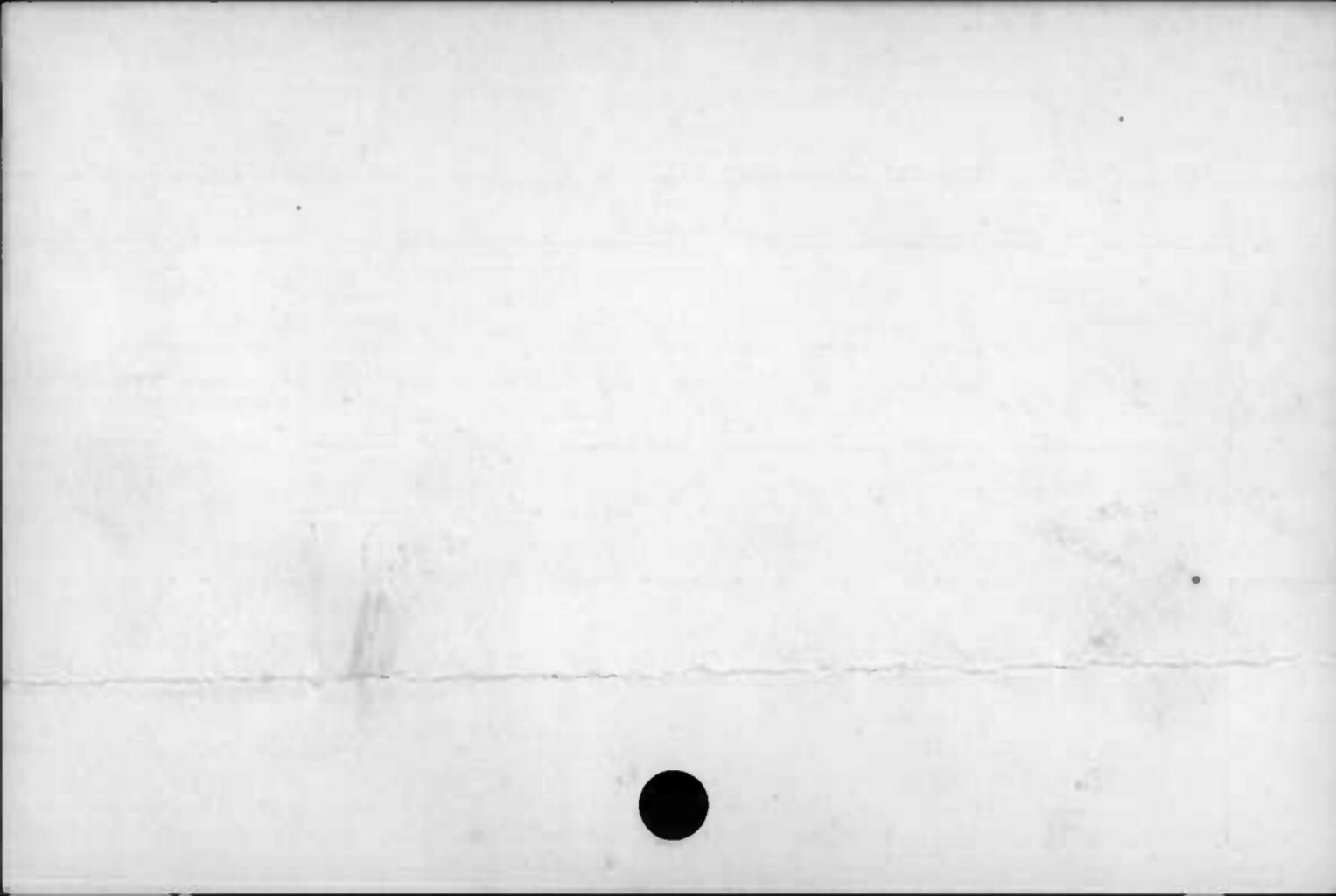
yes

Signature of Physician

Charles H. Kline
Abudefduf Md.

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Angeline Vanda Amoss

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 1	Year 545 PM 73	Months 10	Days 6
Sex	Female	Color or Race	White	Birth-place Doylestown, Pa.		
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Thomas A Amoss			
Father's Name	Samuel Wetherall		Father's Birthplace	Bucks Co. Pa.		
Mother's Maiden Name	Elizabeth Brown		Mother's Birthplace	" " "		
Name of person giving Information	Mrs. J. H. Davison		How related to deceased	Daughter		

CAUSES OF DEATH

92

Primary

Broncho-pneumonia -

How long

six days -

Immediate

Syncope -

How long

few hours -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. F. Vandy Fobson

Address

T Balair

Accident or Suicide?

No -

Not

Jos. H. D. Byman

Name
in
Full

Howard Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 13	Years 7	Months	Days
Sex	Male	Color or Race	Blck		Birth-place	Md
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	James Anderson		Father's Birthplace		Md	
Mother's Maiden Name	Sally Peve		Mother's Birthplace		Md	
Name of person giving information	James Anderson		How related to deceased		Father	
CAUSES OF DEATH						166

PHYSICIAN
OR CORONER

Primary

Gun shot wound.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr Charles Richardson
Bellarmine

Accident or suicide?

Hendon Hill

Name
in
Full

Margaret Helen Bourman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Magnolia Harford MARYLAND
Date of death 1908 Month Day Year Months Days
Age 26 - -
Sex Female Color or Race white Birth-place Md
Occupation none Where Residing if not
et place of death
Married, Single Name of Wife or
or Widowed Husband _____
Father's Name Alunya Bourman Father's Birthplace Md
Mother's Maiden Name Belle Swanson Mother's Birthplace Md
Name of person giving Information Belle Swanson How related
to deceased mother.

CAUSES OF DEATH

79

How long

How long

Primary

Heart Disease & Rheumatic years.

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

yes

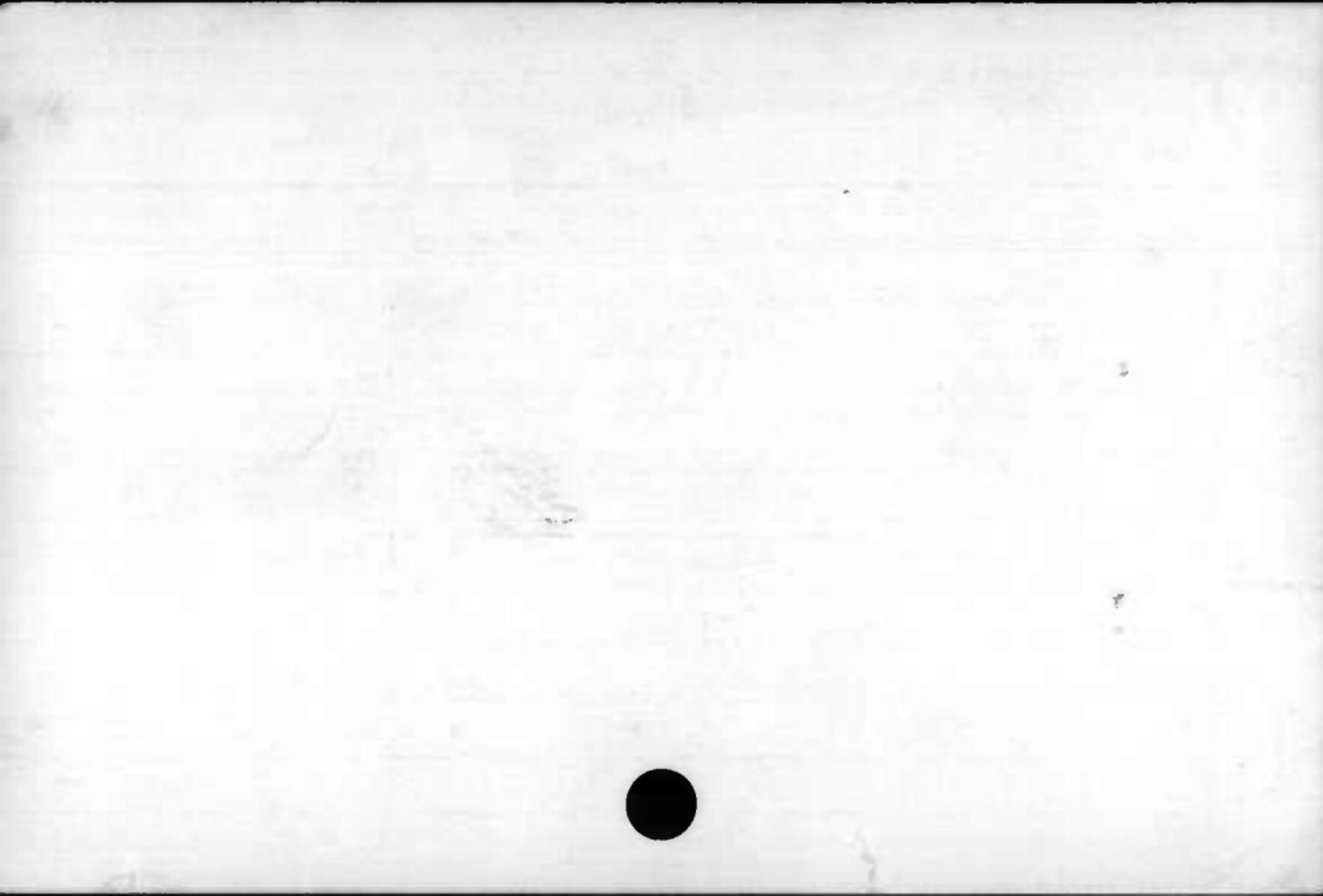
Signature of
Physician

Address

Dr. Stein
Pennsylvania Rd

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Leithe R. Bussey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1908	Month	Day	Years	Months	Days	
Sex Female	Color or Race	Age 85				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	W. Virginia Baltimore				
Father's Name	Washington Bussey					Father's Birthplace W. Virginia
Mother's Maiden Name	Reid					Mother's Birthplace don't know
Name of person giving information	Mr. D. T.					How related to deceased Niece

CAUSES OF DEATH

64

How long

4 days

How long

3 days

Primary

Cerebral Paralysis

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

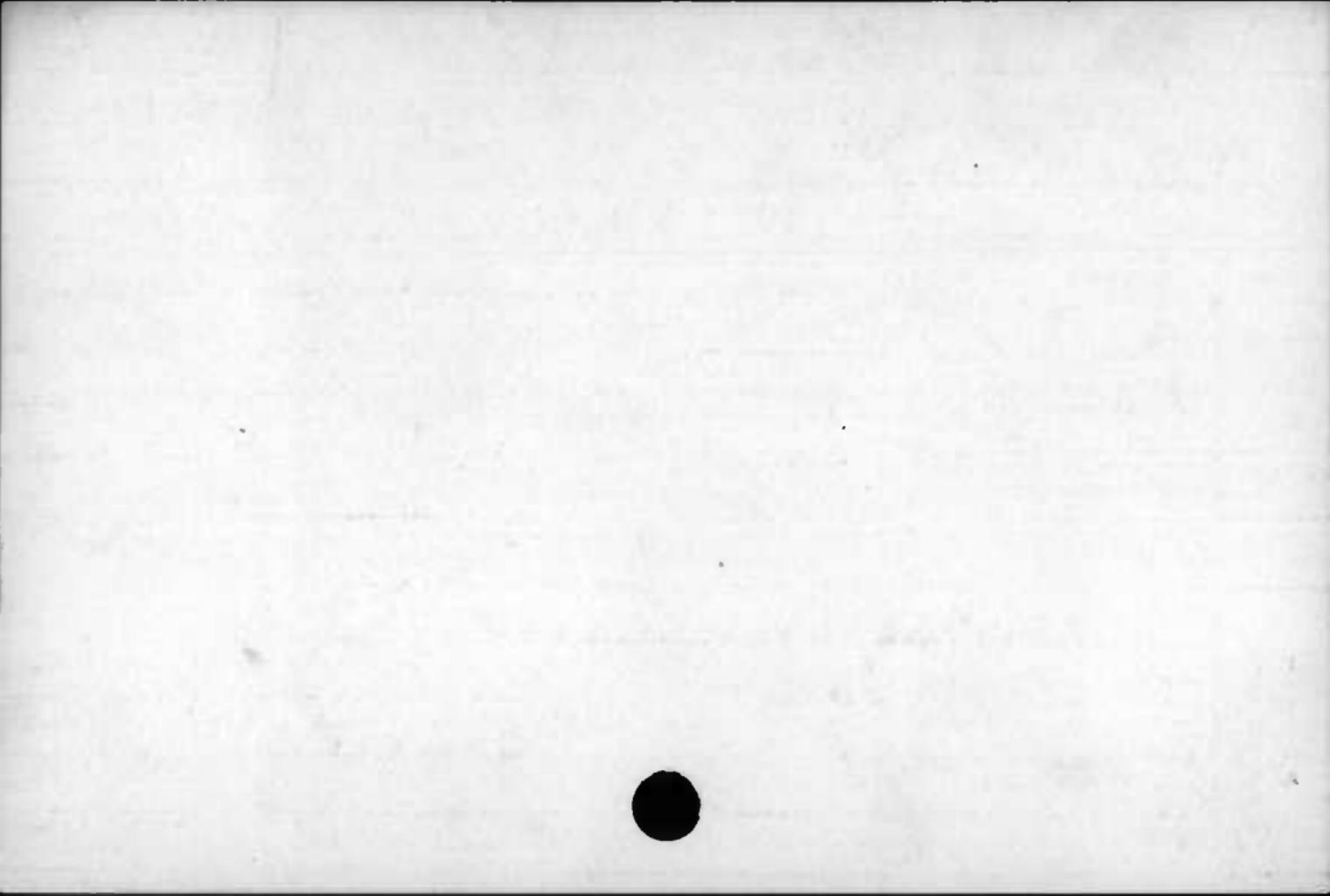
Signature of Physician

Address

Connell & Dauphin
Baltimore

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Zina Hutton Shalk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	John	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Near Aberdeen			
Father's Name	Thos. Shalk			Father's Birthplace	Nafld Co. Md.
Mother's Maiden Name	Dellie E. Easty			Mother's Birthplace	Baltv. Co. Md.
Name of person giving Information	Dellie E. Shalk			How related to deceased	Daughter

CAUSES OF DEATH

34

How long

18 mos.

How long

one week.

PHYSICIAN
OR CORONER

Primary

General Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

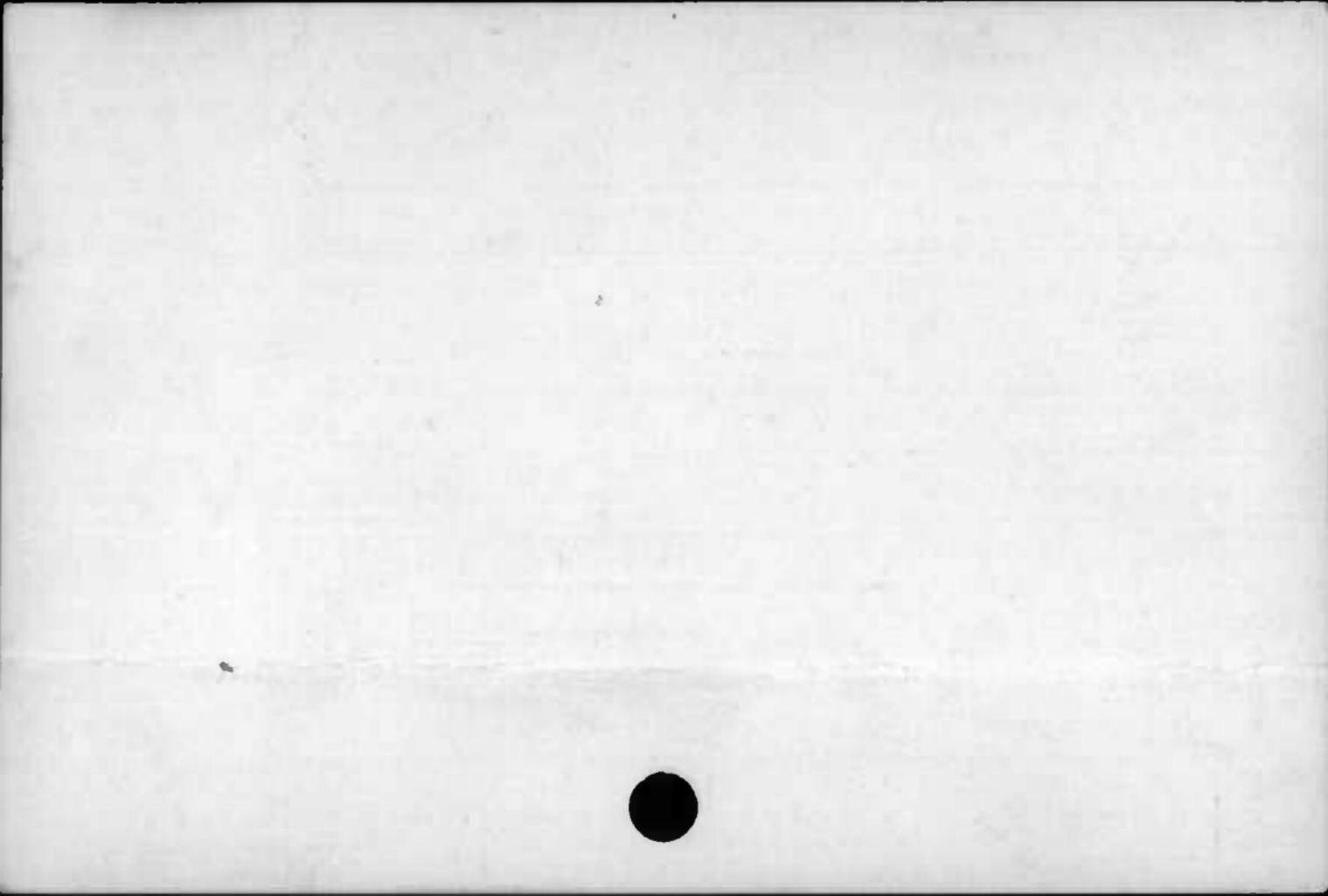
Yes

Signature of Physician

Address

Thos. Shalk
Aberdeen, Md.

Accident or Suicide?



Name
in
Full

Pauline Christy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 20	Age 20	Years	Months
Sex	female	Color or Race	colored		Birth-place	Days
Occupation	Stif.	Where Residing if not at place of death			Jno. Christy	
Married, Single or Widowed	married	Name of Wife or Husband	Harrison Weston			Father's Birthplace
Father's Name	Harrison Weston			Md.		
Mother's Maiden Name	Mary			Unknown		
Name of person giving Information				How related to deceased		
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis			27		
Immediate	Exhaustion			How long		
3 mos.						

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
	J. Lee Stuhr	Front St Hill
Address	Md.	
Accident or Suicide?		



Collis Courtney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 12	Years 65	Months 4	Days -	
Sex	Male	Color or Race	White	Birth-place	Havre de Grace		
Occupation	R.R. Station Agent			Where Residing if not at place of death	"	"	
Married, Single or Widowed	Married	Name of Wife or Husband	Lydia Fosler	Father's Birthplace	Harford Co.		
Father's Name	George N. Courtney			Mother's Birthplace	Cecil Co.		
Mother's Maiden Name	Ellen Baker			How related to deceased	Brother		
Name of person giving Information	Henry B. Courtney						

CAUSES OF DEATH

79

How long

How long

Primary

Asthma

50 yrs

Immediate

Heart disease & asthma

about 2 yrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. W. Smith

Wm. A. Grace

Wm.

Accident or Suicide?



Name
in
Full

William Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month 3	Day 14	Age —	Years —	Months . Days 5
Sex	Male	Color or Race	White	Birth-place Harede Grace		
Occupation	None	Where Residing if not at place of death " " "				
Married, Single or Widowed	single	Name of Wife or Husband	None	Father's Birthplace Harede Grace		
Father's Name	Harry Crawford		Mother's Birthplace Chester Pa.			
Mother's Maiden Name	Mattie Brooks		How related to deceased Father			
Name of person giving information	Harry Crawford					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Trematice bark

How long

Two five days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes Signature of Physician

Address

Raw Smith Rev
Harede Grace Md

Accident or Suicide?



Name
in
Full

William Fesey Beckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

MARYLAND

Died at <u>on RR train</u>		Town	County <u>Hager</u>	
Date of death <u>190</u>	Month <u>Jan</u>	Day <u>22</u>	Age <u>71</u>	Years Months <u>—</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Ind</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<u>Blasance Beckman</u>			
Mother's Maiden Name	<u>Emma & Michael</u>			
Name of person giving information	<u>Emma Michael</u>			
CAUSES OF DEATH				
Primary	<u>Bronchopneumonia</u>			
Immediate	<u>92</u>			
Are the name, age, sex, color, date and place correctly given above?	How long <u>2 weeks</u>			

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

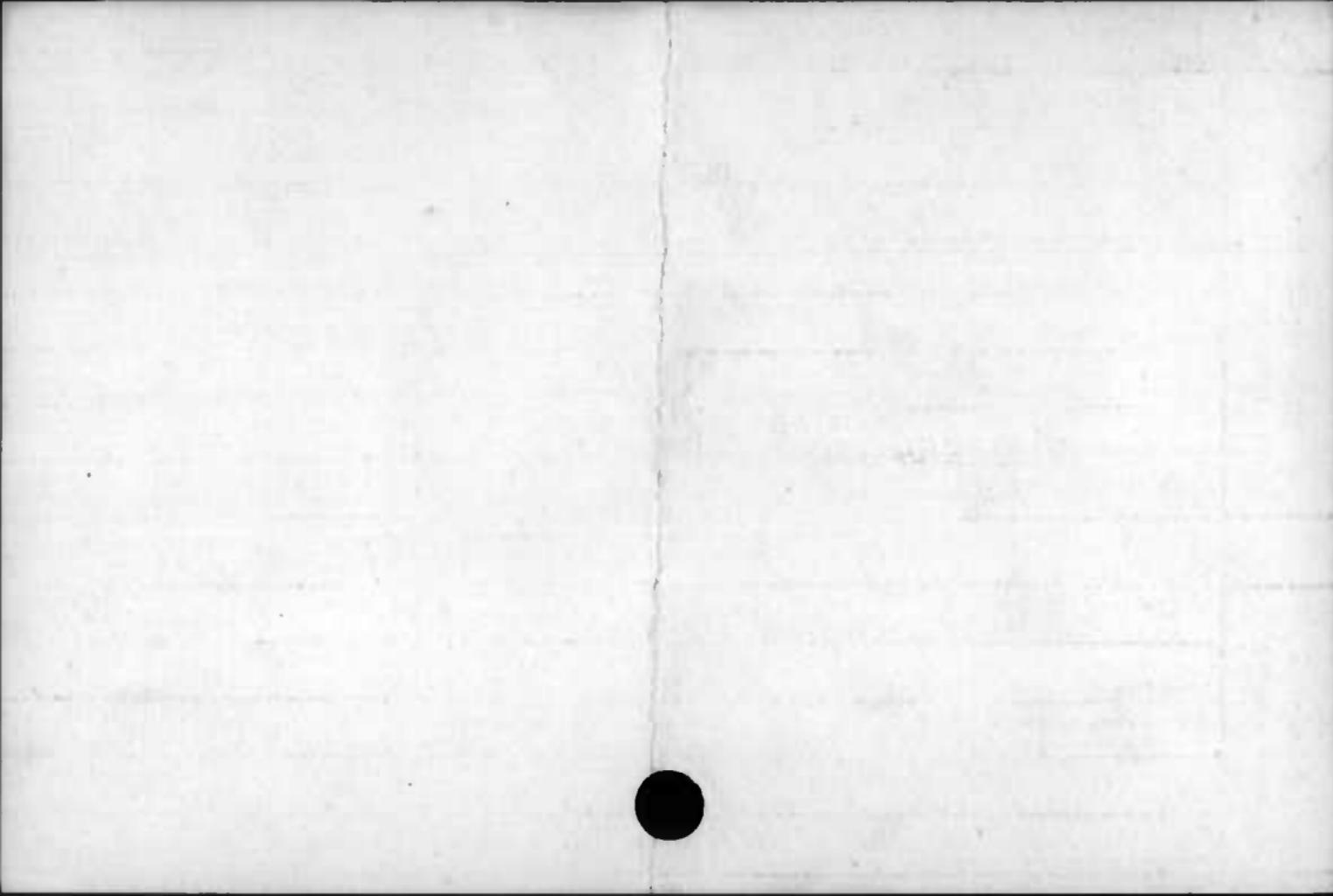
Signature of Physician

Address

F. A. Stiles
3801 Powelton Ave.
Philadelphia Pa.

Accident or Suicide?

no



Name
in
Full

Lavensia Elizabeth Dunstan

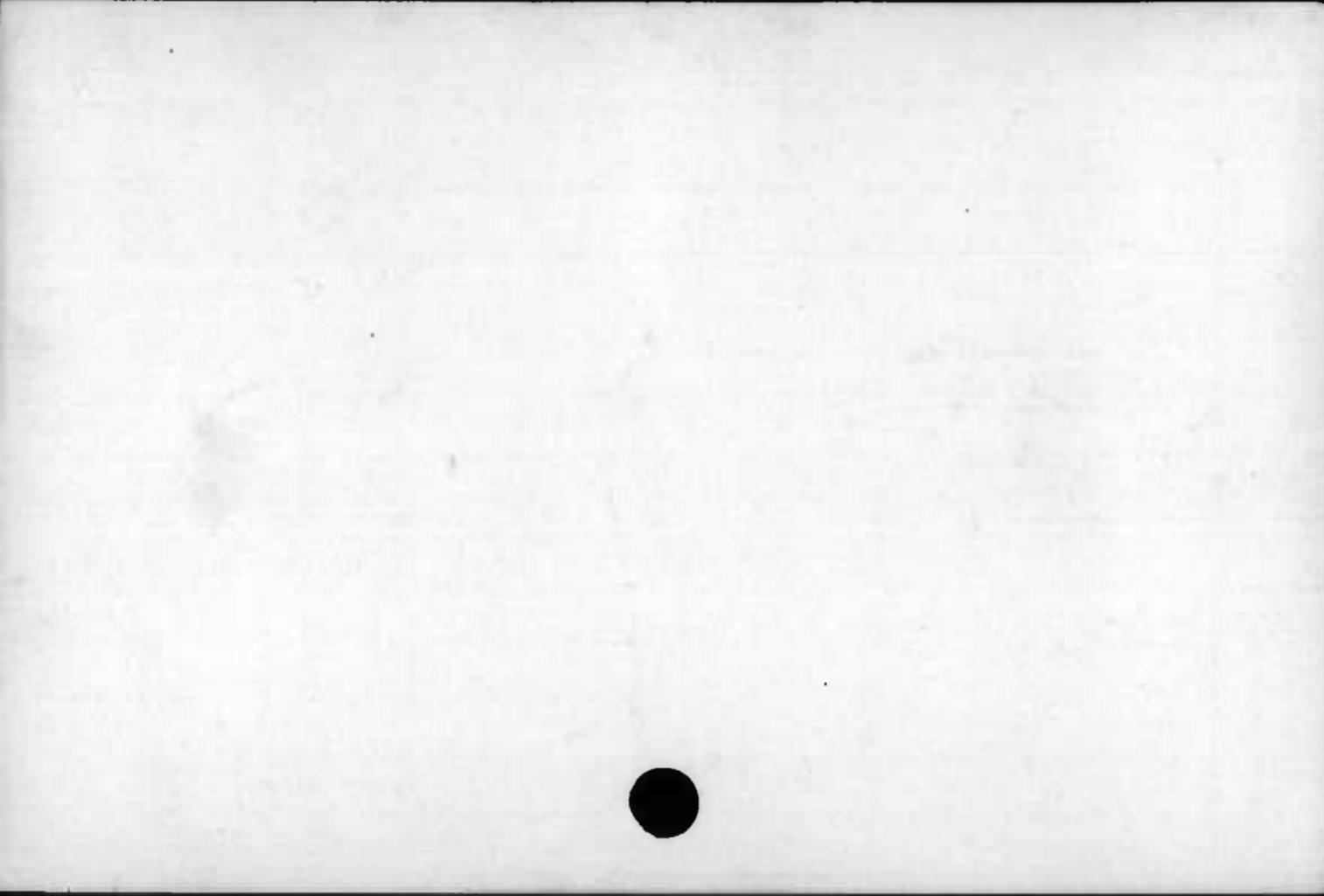
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Mill Green		County Harford		MARYLAND	
Date of death 1907	Month March	Day 30	Age 28	Years	Months Days
Sex Female	Color or Race Colored	Birth- place Mill Green			
Occupation House wife	Where Residing if not at place of death Mill Green				
Married, Single or Widowed	Name of Wife or Husband John Dunstan	Father's Name Mrs Jordan			
Father's Name	Mother's Name Julie Morgan				Father's Birthplace unknown
Mother's Maiden Name	Name of person giving Information John Dunstan				Mother's Birthplace 3rd
How related deceased Husband.					
CAUSES OF DEATH					
Primary Tuberculosis	27				How long 1 year
Immediate					How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Charles A. Fairous
Yes	Address Street 3rd
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry W. Earl

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 16	Age 68	Years	Months
Sex	Male	Color or Race	white	Birth-place	England	
Occupation	Veteran Ranger		Where Residing if not at place of death	Henry W. Earl		
Married, Sing. or Widowed	Name of Wife or Husband		not known			
Father's Name	Cannot get it		Father's Birthplace	not known		
Mother's Maiden Name	Cannot get it		Mother's Birthplace	not known		
Name of person giving information	From personal knowledge		How related to deceased			

CAUSES OF DEATH

97

How long

8 yrs

How long

Primary

Bronchial asthma

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

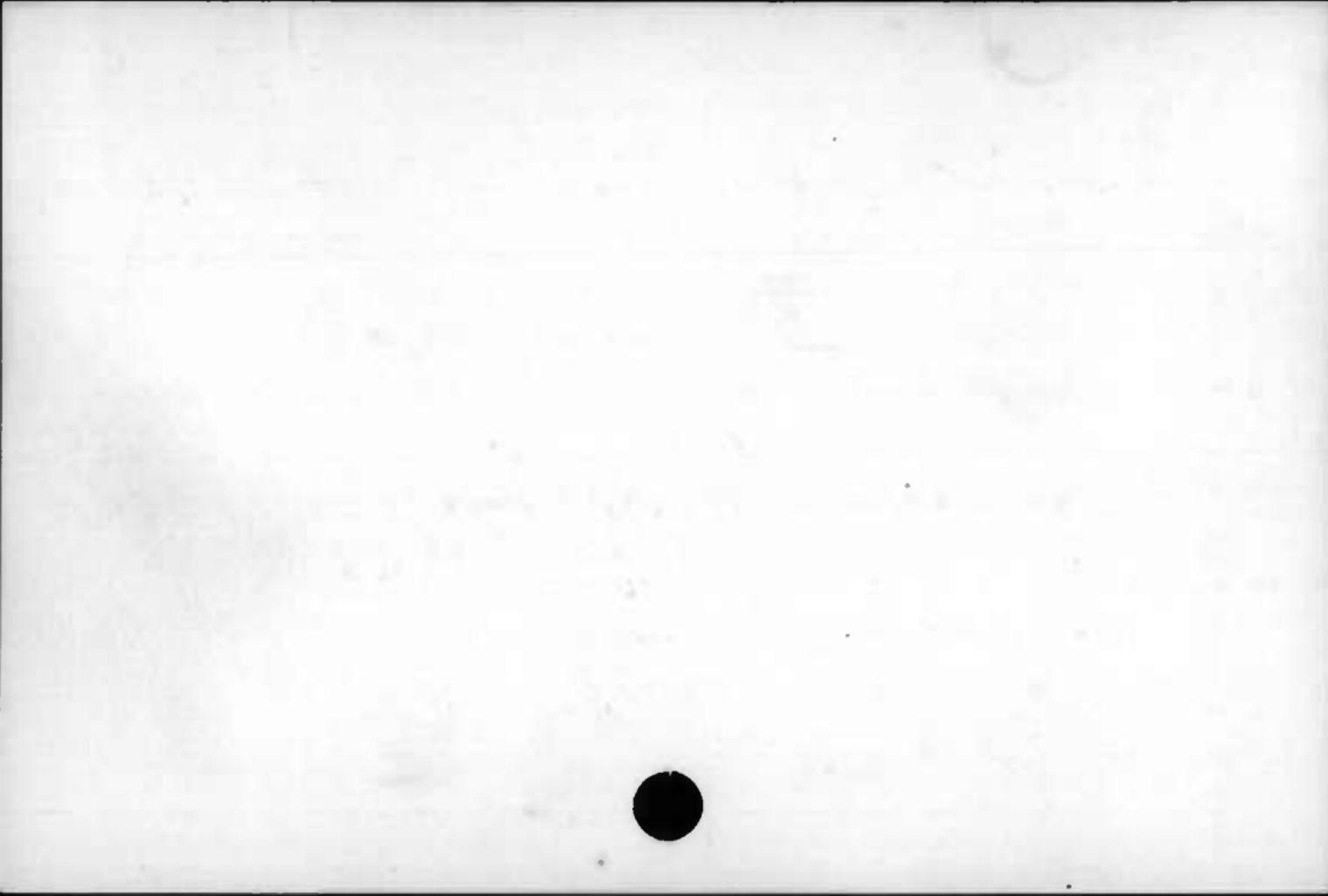
Yes

Signature of Physician

Address

Woodward
Telegraph Rd

Accident or Suicide?



Name
in
Full

Wm E Ewing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND				
Date of death	1908	Month	March	Day	15	Years	45	Months	Days
Sex	Male	Color or Race	White	Birth-place	Pleasant Hill				
Occupation	Merchant		Where Residing if not at place of death	Aldine Md					
Married, Single or Widowed	Married	Name of Wife or Husband	Laura V. Preston						
Father's Name	Lawson Ewing		Father's Birthplace	Md.					
Mother's Maiden Name	Sarah Jane Shultz		Mother's Birthplace	Ohio					
Name of person giving Information	S. P. Ewing		How related to deceased	Brother					

CAUSES OF DEATH

119

How long

2 or 3 weeks

How long

3 or 4 days

Primary

Acute Nephritis

Immediate

Uraemic poisoning

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. L. Hopkins

Hare de Grace
Md

Accident or Suicide?



Hester A. Gamblill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month 3	Day 8	Years 84	Months 11	Days 24
Sex	Female	Color or Race	White	Birth-place	Baltimore Co,	
Occupation	House work		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Isaiah Baker		Father's Birthplace	White Hall Bello Co,		
Mother's Maiden Name	Mary A Elsworth		Mother's Birthplace	" " " " "		
Name of person giving information	Mrs John Billingsley		How related to deceased	Daughter		

CAUSES OF DEATH

154

Primary

Senile Dementia

Immediate

"

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

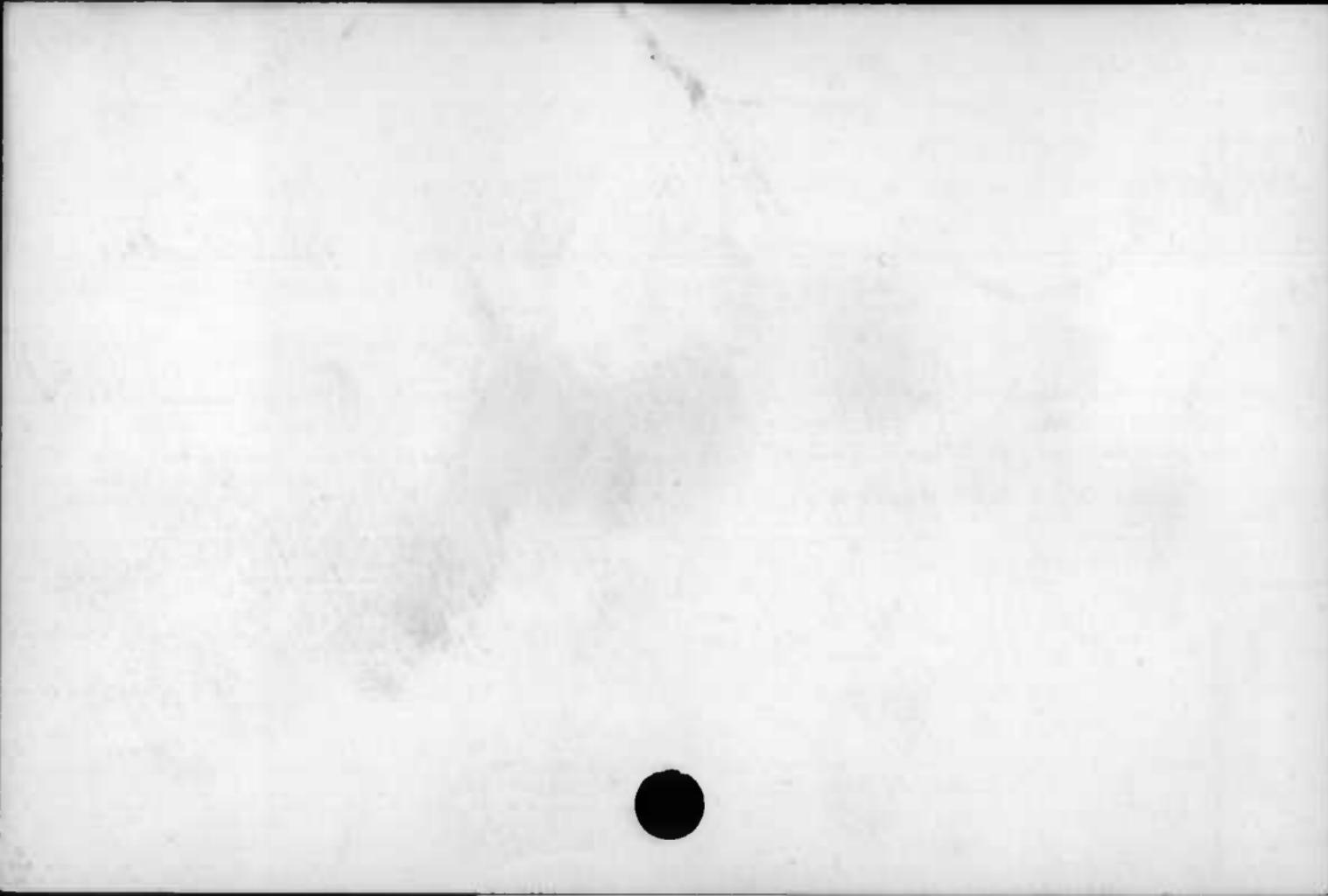
Address

Yes

J. Howard and
H. del Rose and

Accident or Suicide?

PHYSICIAN
OR CORONER



Susan Gries

Died at			Town	County	Native of			MARYLAND
Perryman			Concord		Y.	M.	D.	
Date 1897			Month 3	Day 25	Age			Occupation
Male			White		Married			
Female			Colored		Single			
Husband of								
Wife								
Father's Name			Mother's Name					
Name			Susan E. Wilmer					
Cause of Death			71					
Primary			How long sick					
Immediate			24 hrs					
Death			Accident, Suicide, Homicide					
Reported by			Lauritia Wilmer					
Address			Perryman Md					

Must be signed by physician if in attendance, otherwise by coroner, undertaker or minister



Name
in
Full

George W. Gorrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Poole		Town Harford		County		MARYLAND	
Date of death 1908	Month March	Day 16	Age 74	Years 6	Months	Days	
Sex Male	Color or Race White			Birth- place Harford Co. Md			
Occupation Carpenter	Where Residing if not at place of death Poole						
Married, Single or Widowed Widower	Name of Wife or Husband Sarah Jones						
Father's Name Reason Gorrell			Father's Birthplace Md.				
Mother's Maiden Name Martha Wirt			Mother's Birthplace Md				
Name of person giving Information E A Gorrell			How related to deceased nephew				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Ten days

Immediate

ur

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

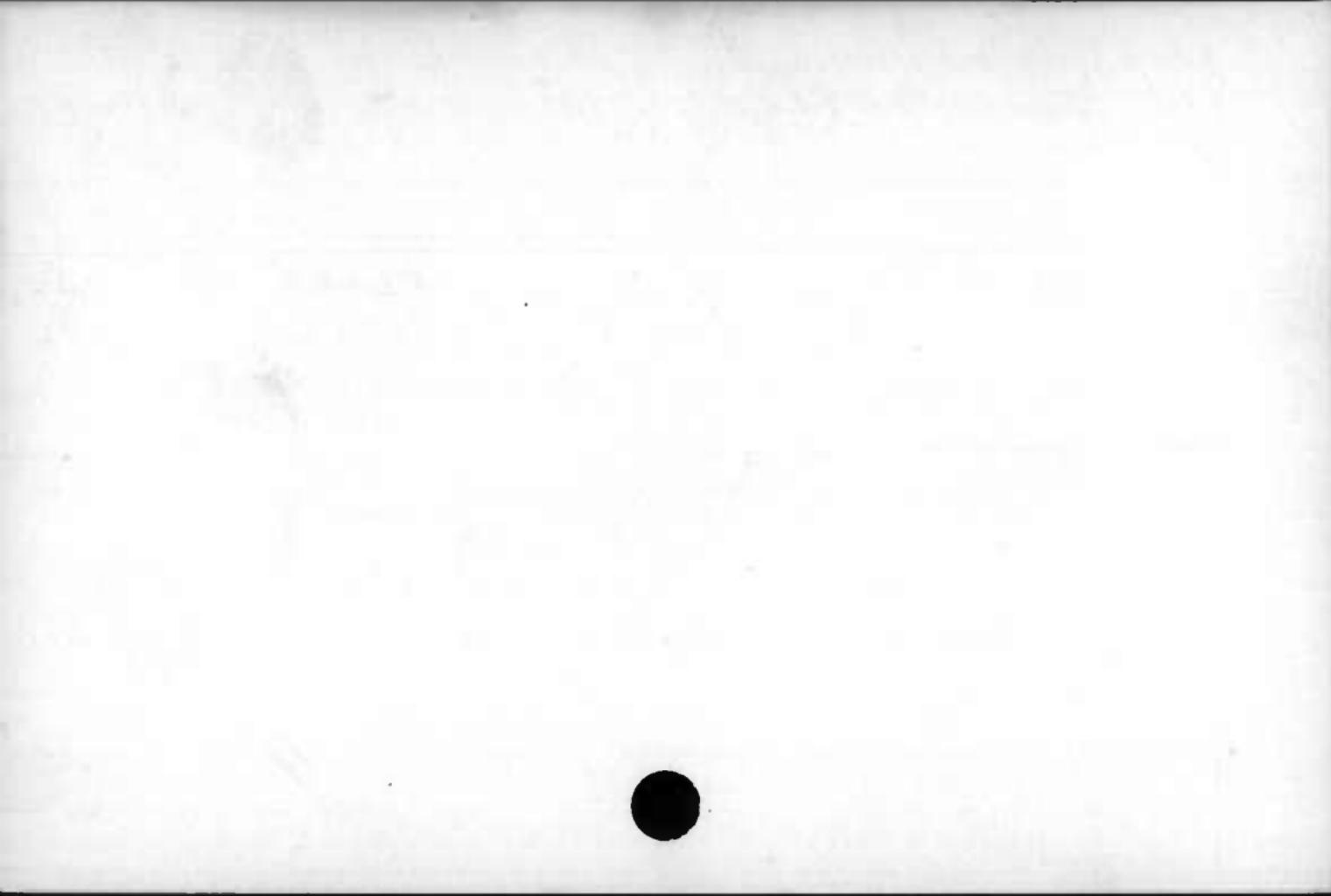
Ephraim Hopkins

Address

Darlington

Md

Accident or Suicide?



Name
in
Full

Amanda E. Hanway

CERTIFICATE OF DEATH

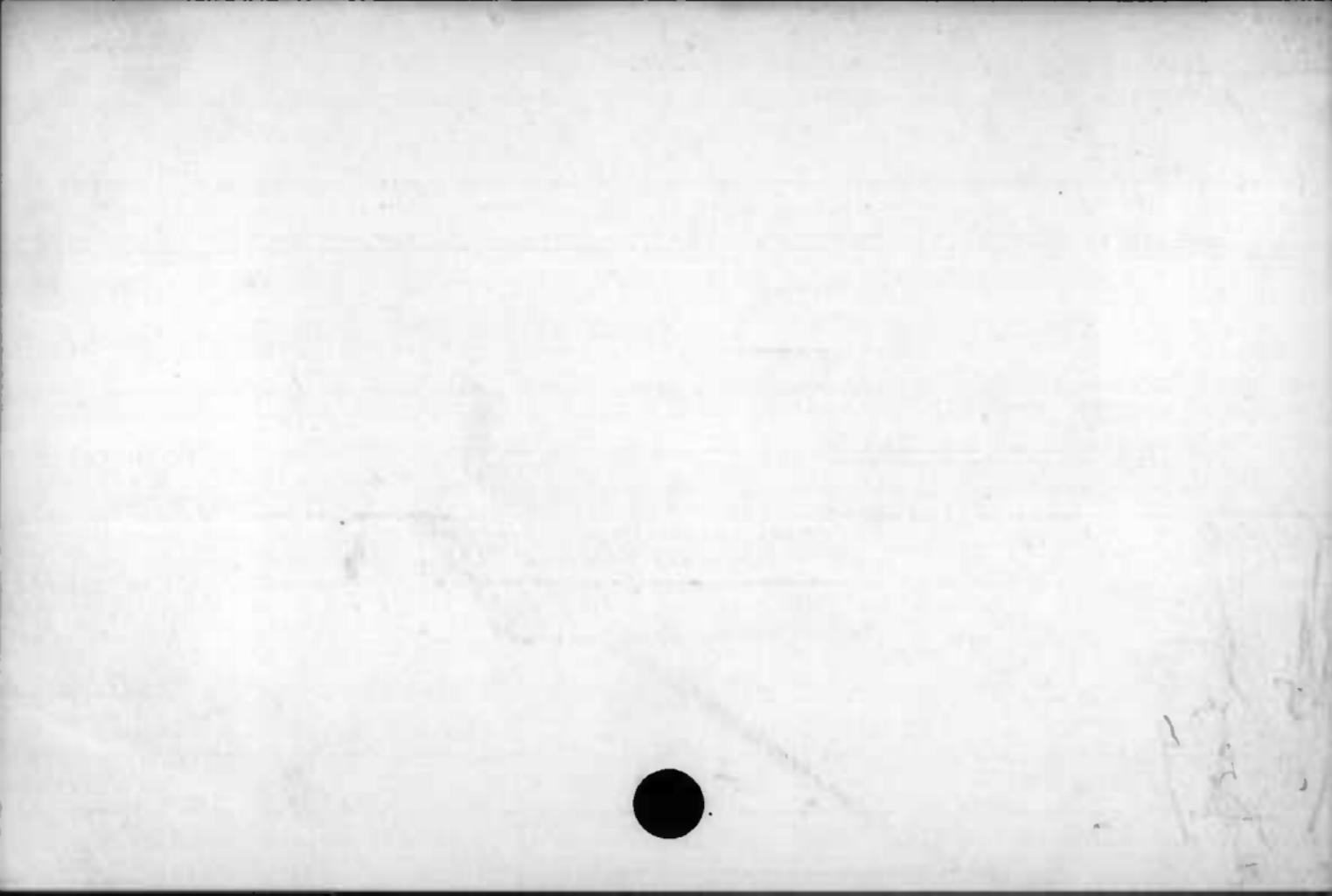
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Frost Hill	
Married, Single or Widowed	Name of Wife or Husband	Wm E. Hanway			
Father's Name	Joseph Bushton			Father's Birthplace	Ind.
Mother's Maiden Name	Hannah Stuck			Mother's Birthplace	Ind.
Name of person giving information	Harry D. Hanway			How related to deceased	Brother-in-Law
CAUSES OF DEATH					
Primary	Cerebral Hemorrhage			64	Induced
Immediate	Paralysis			How long	Induced

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	T. P. Smith
	Address
	Frost Hill
Accident or Suicide?	

Black Spring



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Abraham Hoover
Town
Died at Vale

County
Harrison

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1908	Mar	19	68	—	—
Sex	Color or Race	Age	Birth-place	Pa.	
Male	White	68	Pa.	Pa.	
Occupation	Where Residing if not at place of death Vale				
Married, Single or Widowed	Name of Wife or Husband	Mary A. Hoover			
Widower	Charles W. Hoover	Pa.			
Father's Name	Mother's Birthplace Pa.				
Mother's Maiden Name	Catherine Ruth				
Name of person giving information	Daughter Catherine Campbell				
How related to deceased					

CAUSES OF DEATH

40

How long
Several years -

How long
few hours

Primary

Cancer of Stomach

Immediate

Exhaustion & synapse

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

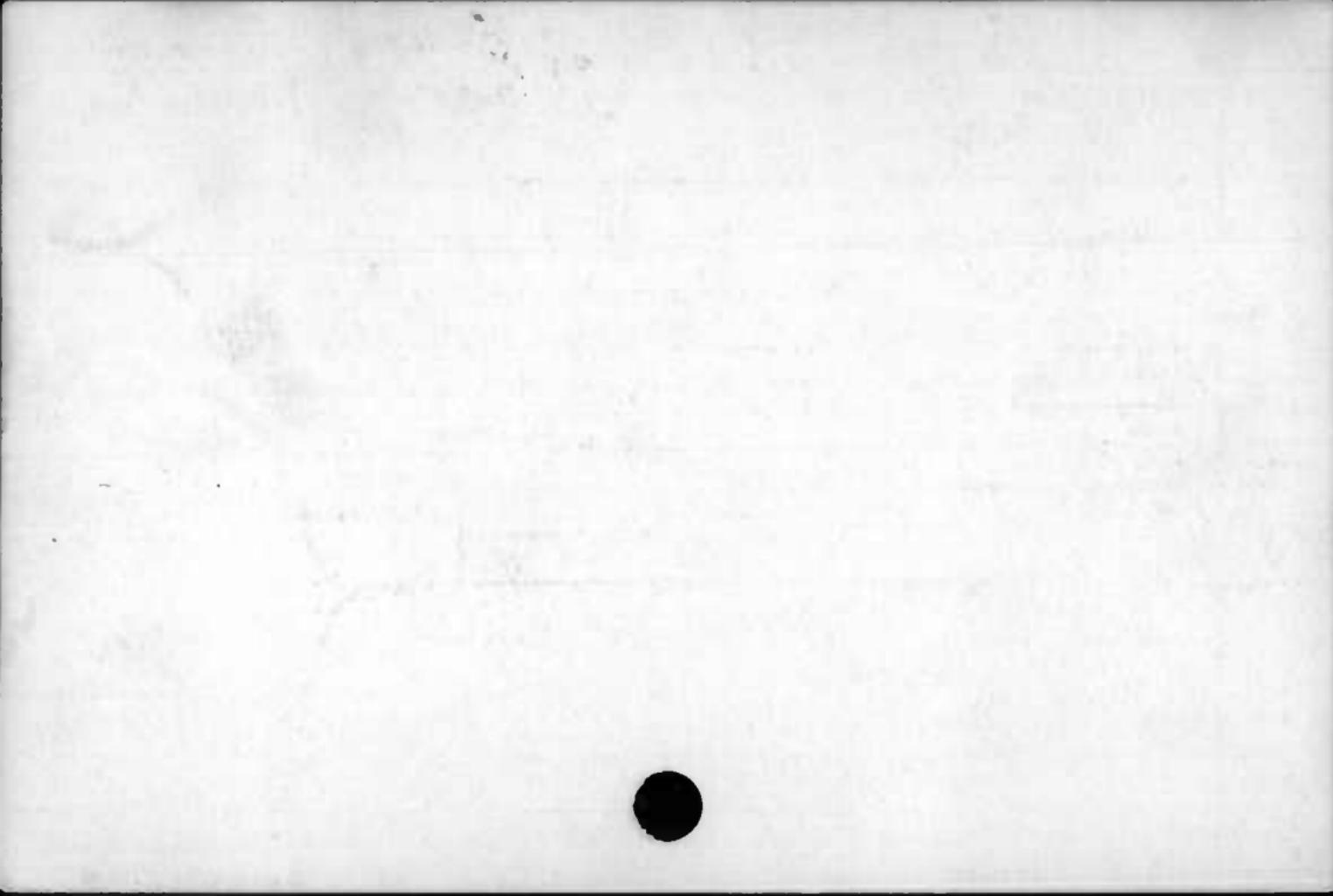
G. F. Van T. Scobey

Address

Bel Air
Md.

Accident or Suicide?

No



Name
in
Full

Fredrick Kerler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town *Chesapeake Hall* County *Harford* MARYLAND
Died at *Chesapeake Hall* Month *March* Day *7* Year *6 AM* Years *60* Months *4* Days *11*
Date of death *1908* Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Farmer* Where residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Mary E Stelclair*
Father's Name *John Godfrey* Father's Birthplace *Germany*
Mother's Maiden Name *Caroline Frey* Mother's Birthplace "
Name of person giving Information *Mary E Stelclair Kerler* How related to deceased *Wife*

CAUSES OF DEATH

Primary

Tuberculosis

28

How long

4 months

Immediate

Dropsy & Heart trouble

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Attended by Dr C H Munemar

Address

Accident or Suicide

Disentlement and removal
from Wm Waller Memorial to
Bethel

Frederick Kerler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	March	7 th	60	4	11	
Sex	Male	Color or Race	White	Birth-place	Mennig Germany	
Occupation	Farm Laborer					
Married, Single or Widowed	Where Residing if not at place of death					
Married	Mary Elizabeth St Clair					
Father's Name	John Godfrey					
Mother's Maiden Name	Elizabeth Frey					
Name of person giving information	N E Kerler					
CAUSES OF DEATH						
Primary	Tuberculosis of lungs					
Immediate	Drosey					
Are the name, age, sex, color, date and place correctly given above?						
Yes						
Signature of Physician undertaken <i>E G Kurtz</i>						
Address <i>Jarrettsville Md</i>						

27

How long

8 months

How long

2 "

Accident or Suicide?

Signed by Undertaker in absence of the Doctor

Aug 1870

Name
in
Full

Rebecca J Kimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month	Day	Year	Months	Days
Sex	Female	Color or Race	white	Birth-place	Pa.	
Occupation	housewife		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	H. Falmon Kimble			
Father's Name	John Anderson		Father's Birthplace	Pa		
Mother's Maiden Name	Sarah Parker		Mother's Birthplace	Pa		
Name of person giving Information	H. Falmon Kimble		How related	husband		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

3 yrs.

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. St. Oties
Prinymann
Med.

Accident or Suicide?

Name
in
Full

E. Hudson Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	M. Rebecca Lancaster		
Father's Name	John Lancaster	Father's Birthplace	Md	
Mother's Maiden Name	Mary Ann Wells	Mother's Birthplace	Md	
Name of person giving information	M. Rebecca Lancaster	How related to deceased	Wife	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

How long

Gastricoma of stomach one year

Immediate

How long

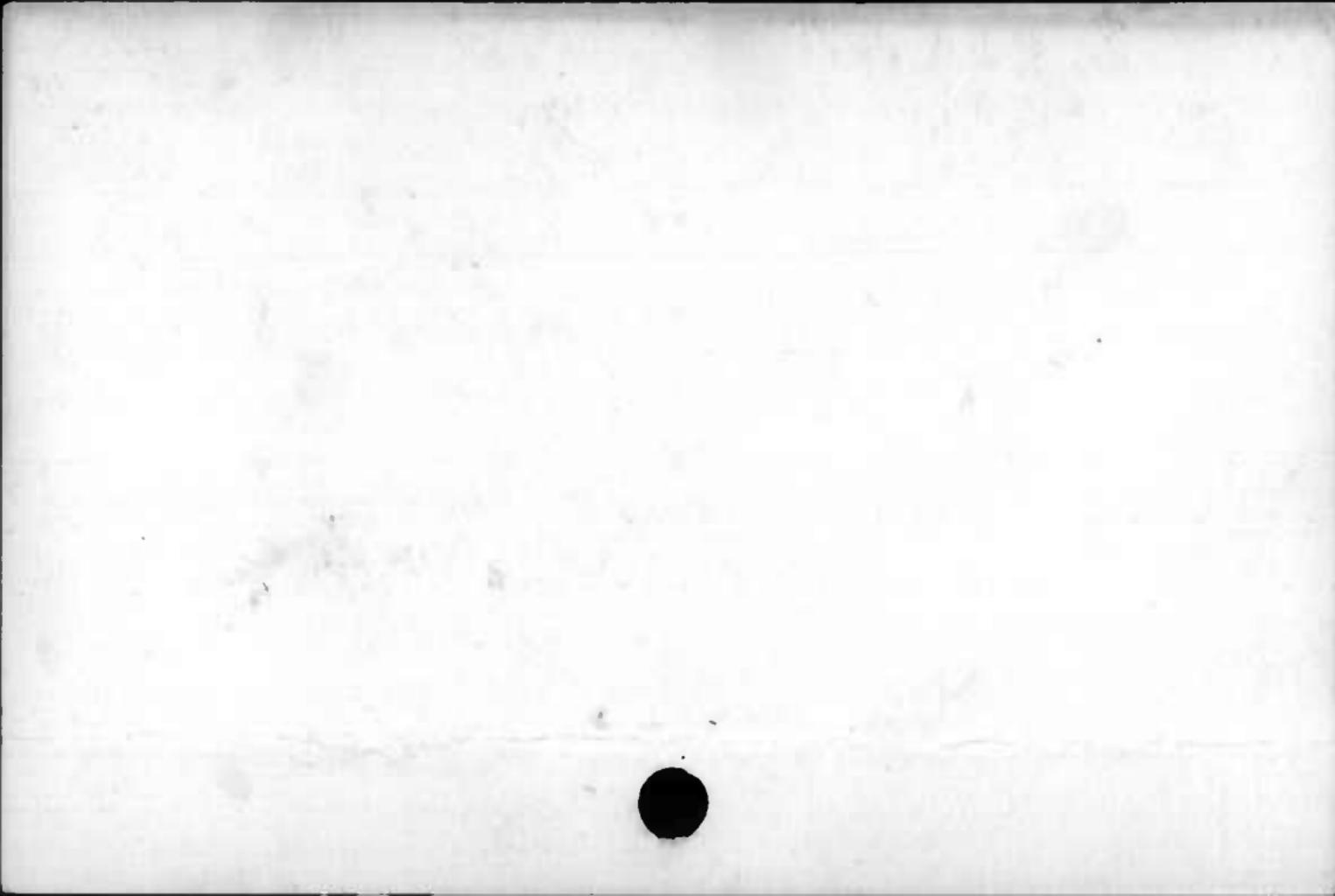
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. W. Davis MD
Pleasantville
Md

Accident or Suicide?



Name
in
Full

Wm J. Mc Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Baltw City	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Shawn Md, Mary J. Mc Kee				
Father's Name	David Mc Kee					Father's Birthplace Ireland
Mother's Maiden Name	Jane King					Mother's Birthplace Md
Name of person giving information	Mary Mc Kee					How related to deceased Wife

CAUSES OF DEATH

45

How long

About 1 year

Primary

Carcinoma of Neck

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

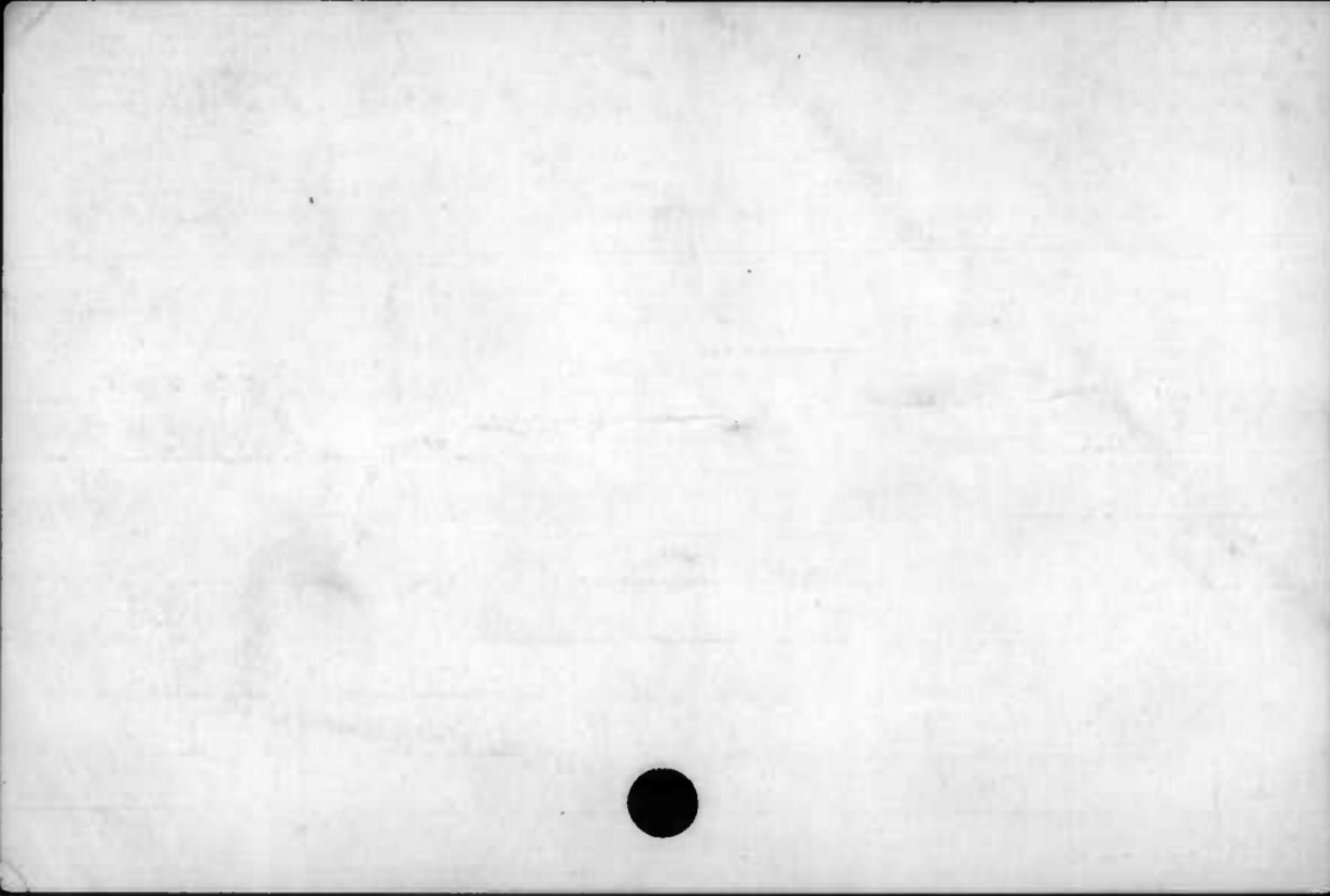
Signature of Physician

H. F. Bradley

Address

Garrisonville Md

Accident or Suicide?



Mary L. Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	1908	Month 3	Day 4	Years 2	Months 6	Days -
Sex	Female		Color or Race	Black		
Occupation	None		Where Residing if not at place of death	Havre de Grace 11 11 11		
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	John H. Maddox		Father's Birthplace	Harford Co		
Mother's Maiden Name	Celeste Skinner		Mother's Birthplace	Havre de Grace		
Name of person giving information	John H. Maddox		How related to deceased	Father		

CAUSES OF DEATH

93

Primary

Pneumonia in children 10 days

How long

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Name
In
Full

Sarah Elizabeth Orr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1908	Mar.	17 th	2	10
Sex	Female	Color or Race	White	
Occupation	Housewife	Where Residing if not at place of death	Harford b. Md.	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Sam'l. M. Orr.	
Father's Name	Robert Henry	Father's Birthplace	Not Known.	
Mother's Maiden Name	Ann James	Mother's Birthplace	Harford b. Md.	
Name of person giving Information	Robert Orr	How related to deceased	Sone.	

CAUSES OF DEATH

154

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

J. H. J. Bias, Md.
Baltimore, Md.

Accident or Suicide?

20 at Laborade

Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day	Years 90	Months	Days	
Sex	Female	Color or Race	Dolored		Birth-place	Maryland	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	John Pitt		Father's Birthplace	Maryland	
Father's Name	Andrew Reed				Mother's Birthplace	Maryland	
Mother's Maiden Name	Lucy Reed				How related to deceased	Daughter	
Name of person giving information	Harriet Braggs						
CAUSES OF DEATH						154	
Primary					How long		
Immediate	Old age and infirmity				How long		

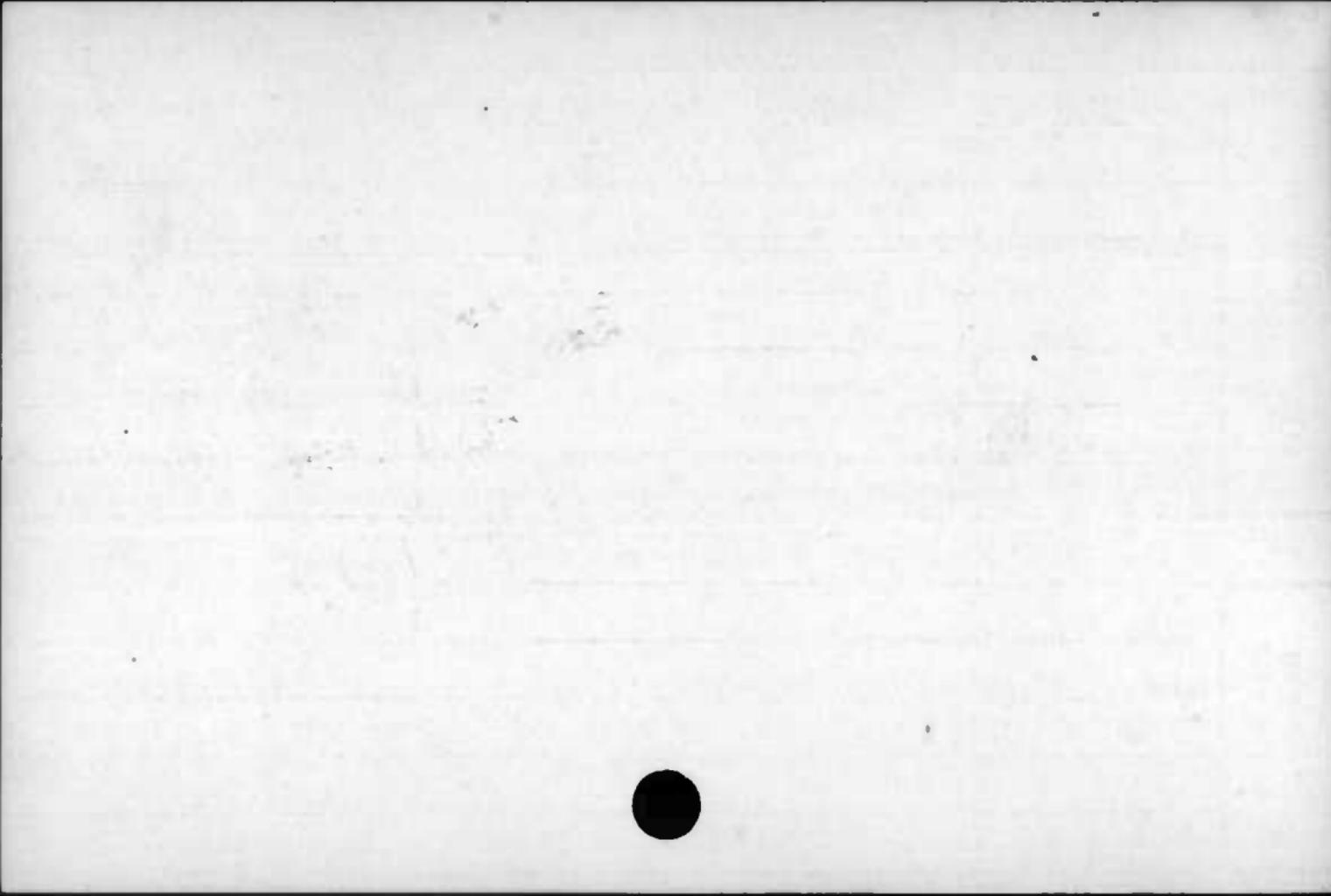
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Funeral Directors



Name
in
Full

Nancy Presbery
Bastleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1908	Month	Mar.	Day	125	Years	25
Sex	Female	Color or Race	Colored		Birth-Place	Bastleton Md.	
Occupation	Housemaid		Where Residing If not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Presbery				Father's Birthplace	Not Known.	
Mother's Maiden Name	Kisiah Prigg				Mother's Birthplace	Harford Co Md.	
Name of person giving information	Albert Presbery				How related to deceased	Brother.	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

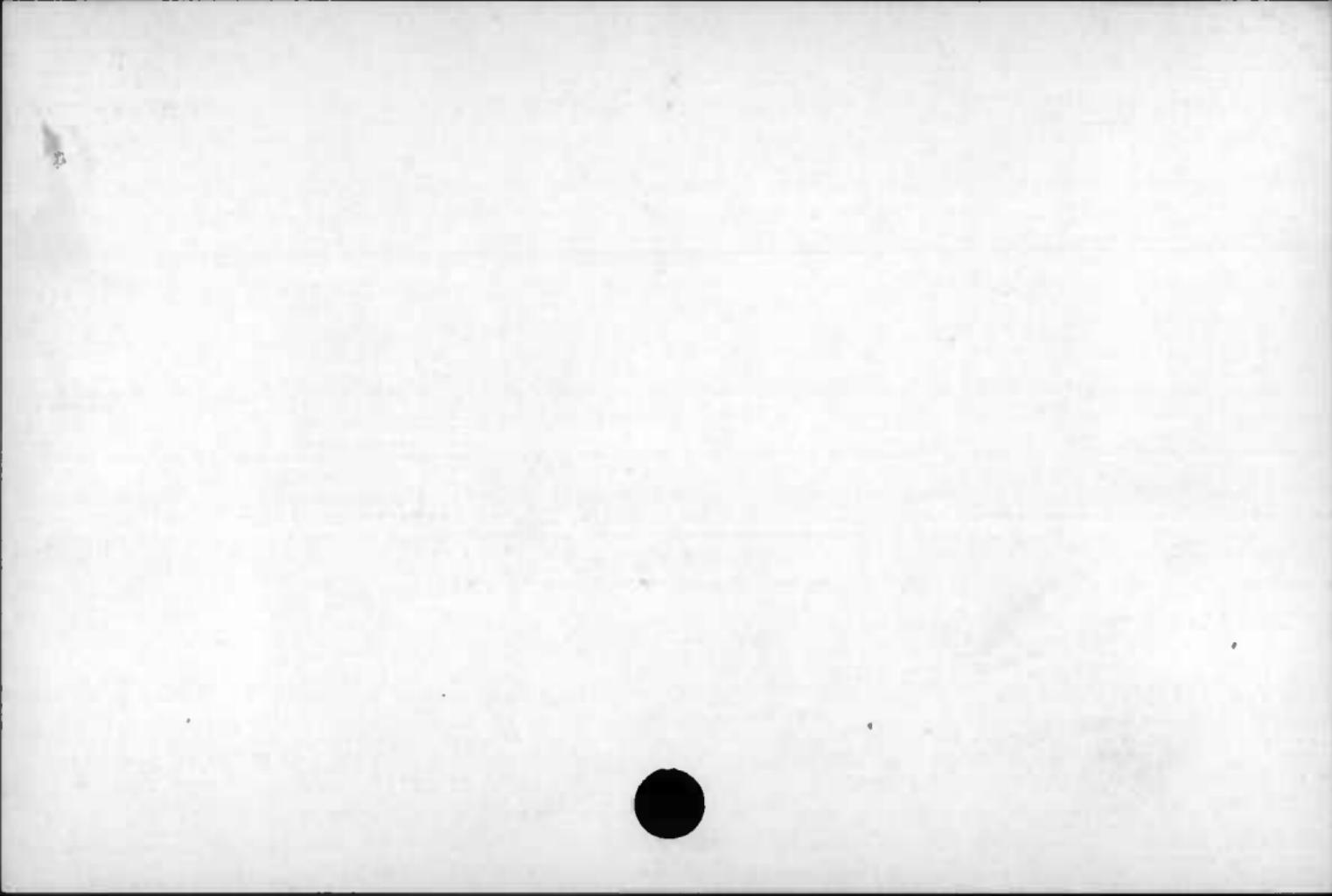
Signature of Physician

J. H. Idris.

Address

Bastleton, Md.

Accident or Suicide?



Name
in
Full

Horiva Prigg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth place			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Horace Prigg		Father's Birthplace	Harford Co. Md.	
Mother's Maiden Name	Louisa Sprigg.		Mother's Birthplace	Harford Co. Md.	
Name of person giving Information	Horace Prigg.		How related to deceased	Father.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Convulsive convulsions

10 hours.

Are the name, age, sex, color, date and place correctly given above?

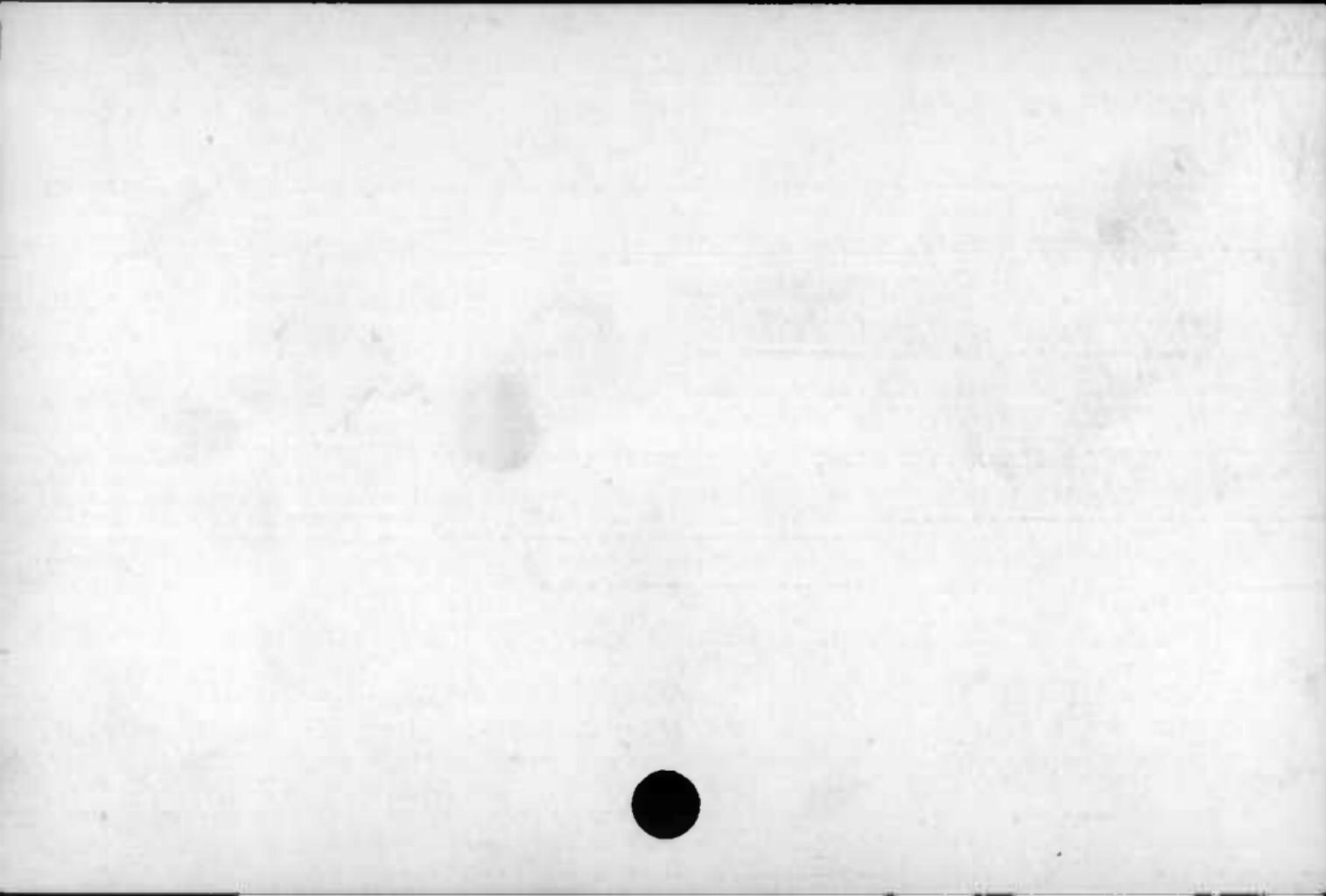
Signature of Physician

Address

J. H. Sbias.

Castleton, Md.

Accident or Suicide?



Name
in
Full

Dr Estelle Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Baltimore		Town	Harford		County	MARYLAND					
Date of death	1908	Month	March	Day	7	Age	Years	40	Months	4	Days	3
Sex	Male		Color or Race	White		Birth-place	Baltimore					
Occupation	M.D. Physician		Where Residing if not at place of death									
Married, Single or Widowed	Married		Name of Wife or Husband	Charlotte Rogers		Father's Name	W.M.S. Richardson			Father's Birthplace	Md	
Mother's Maiden Name	Bessie Bissell					Mother's Birthplace				do		
Name of person giving Information	Ole Koenig					How related to deceased				Cousin		

CAUSES OF DEATH

93

How long

1-2 days

How long

Primary Lobar pneumonia

Immediate Pulmonary edema

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

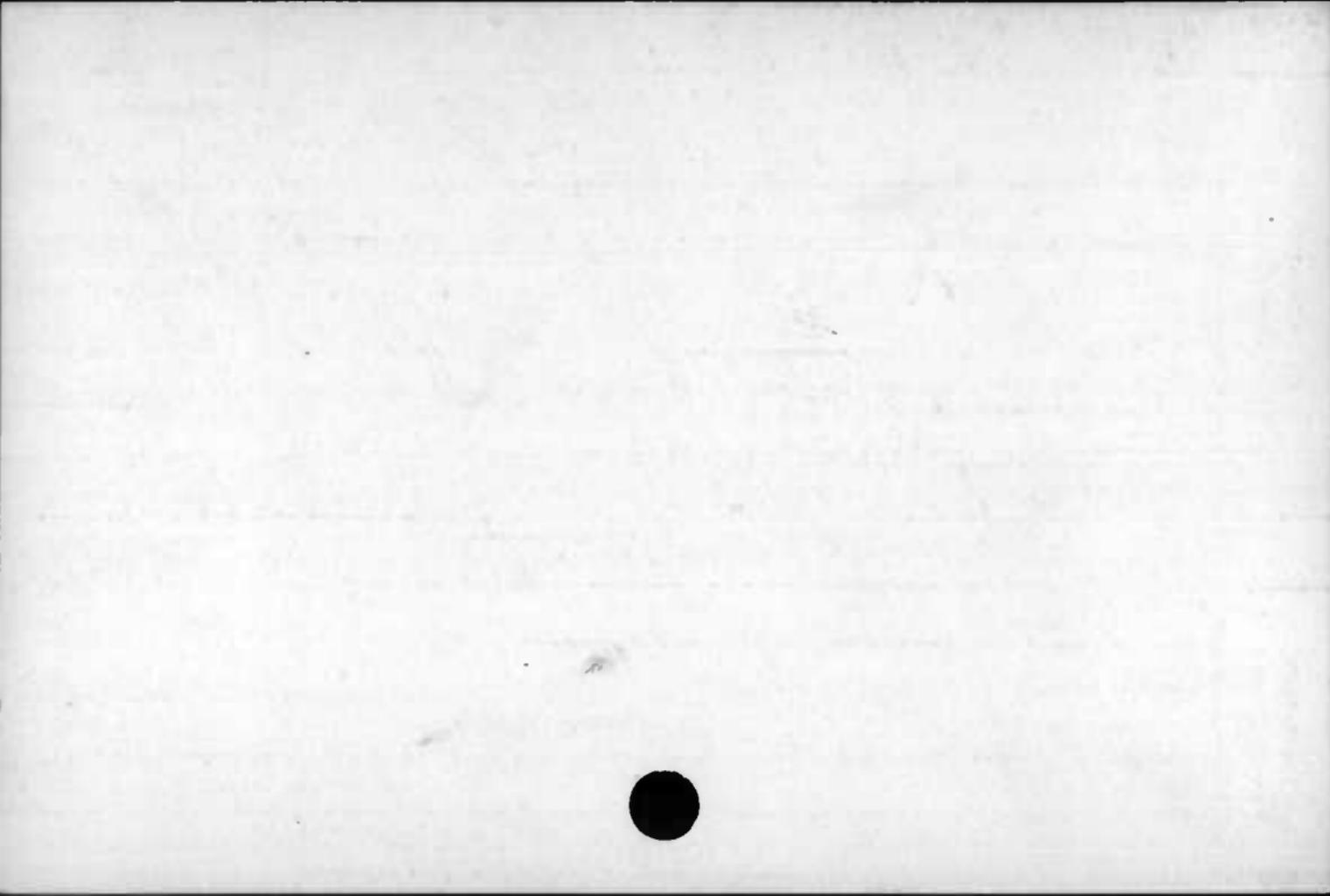
Signature of
Physician

R. S. Page

Address

Baltimore

Accident or Suicide?



Name
in
Full

Samuel A. Sanner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	68	11	
Occupation	Watchman on B.R.		Where Residing If not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Annie S. Sanner				
Father's Name	Henry Sanner		Father's Birthplace				
Mother's Maiden Name	Makinson		Mother's Birthplace				
Name of person giving Information	Annie Dimmous		How related to deceased				

CAUSES OF DEATH

104

How long

6 mo.

How long

immediate

PHYSICIAN
OR CORONER

Primary

Indigestion

Immediate

Hurt Tailor

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

G. Stetler

Prayman

Md.

Accident or Suicide?



Name
in
Full

George Shirey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

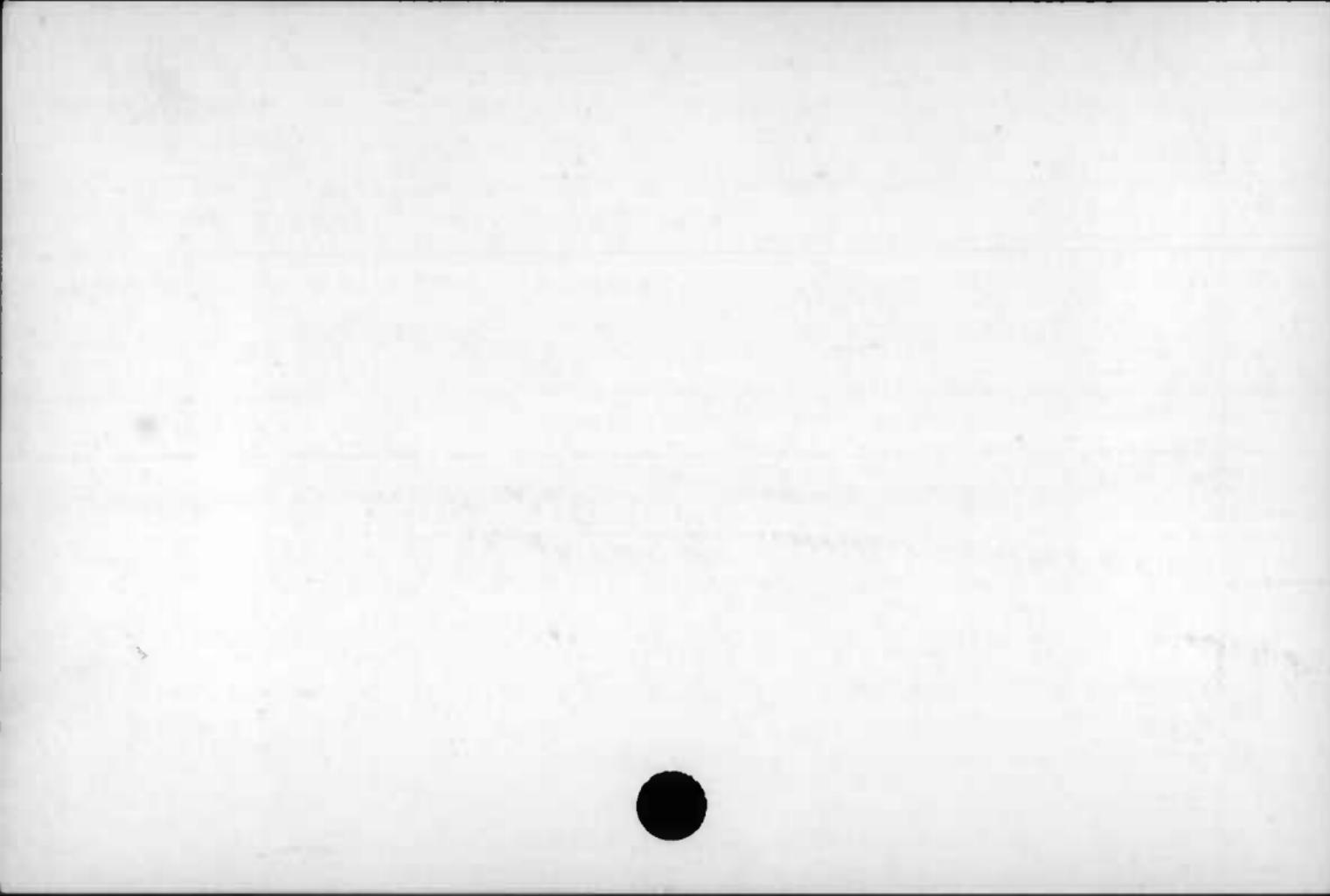
Died at	Town Haar de Grace Maryland			County	MARYLAND	
Date of death	Month 1908	Day 3	Years 8	Age 83	Months 11	Days -
Sex	Male	Color or Race White		Birth-place Montgomery Co. Md.		
Occupation Engineer				Where Residing if not at place of death Haar de Grace		
Married, Single or Widowed Married	Name of Wife or Husband Mary M Gurnsley					
Father's Name Unknown				Father's Birthplace Unknown		
Mother's Maiden Name Unknown				Mother's Birthplace Unknown		
Name of person giving information Mr Hunter Lefferson				How related to deceased Daughter		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary General Debility of age	How long not well for 10 or 12 yrs
Immediate Heart Weakness	How long 3 or 4 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. H. Smith
	Address Haar de Grace Md
Accident or Suicide?	



Name
in
Full

Lewis A. Spriggs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Where Residing if not at place of death	Days		
Occupation					
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Lewis Spriggs		Father's Birthplace	Not Known.	
Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known.	
Name of person giving Information	Lawrence Spriggs.		How related to deceased	Sister.	

CAUSES OF DEATH

36

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Idris.
Baltimore, Md.

Accident or Suicide?



Name
in
Full

Katherine Swift.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Place	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Months	Days
Occupation	Color or Race	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name			Father's Birthplace
Mother's Maiden Name			Mother's Birthplace
Name of person giving information			How related to deceased

1908 Mar. 28th 41 York, Pa.

Female White

Housekeeper James W. Swift

Widowed Jacob Gazette Ireland

Elizabeth Bowery York, Pa.

Mrs. M. Lee Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

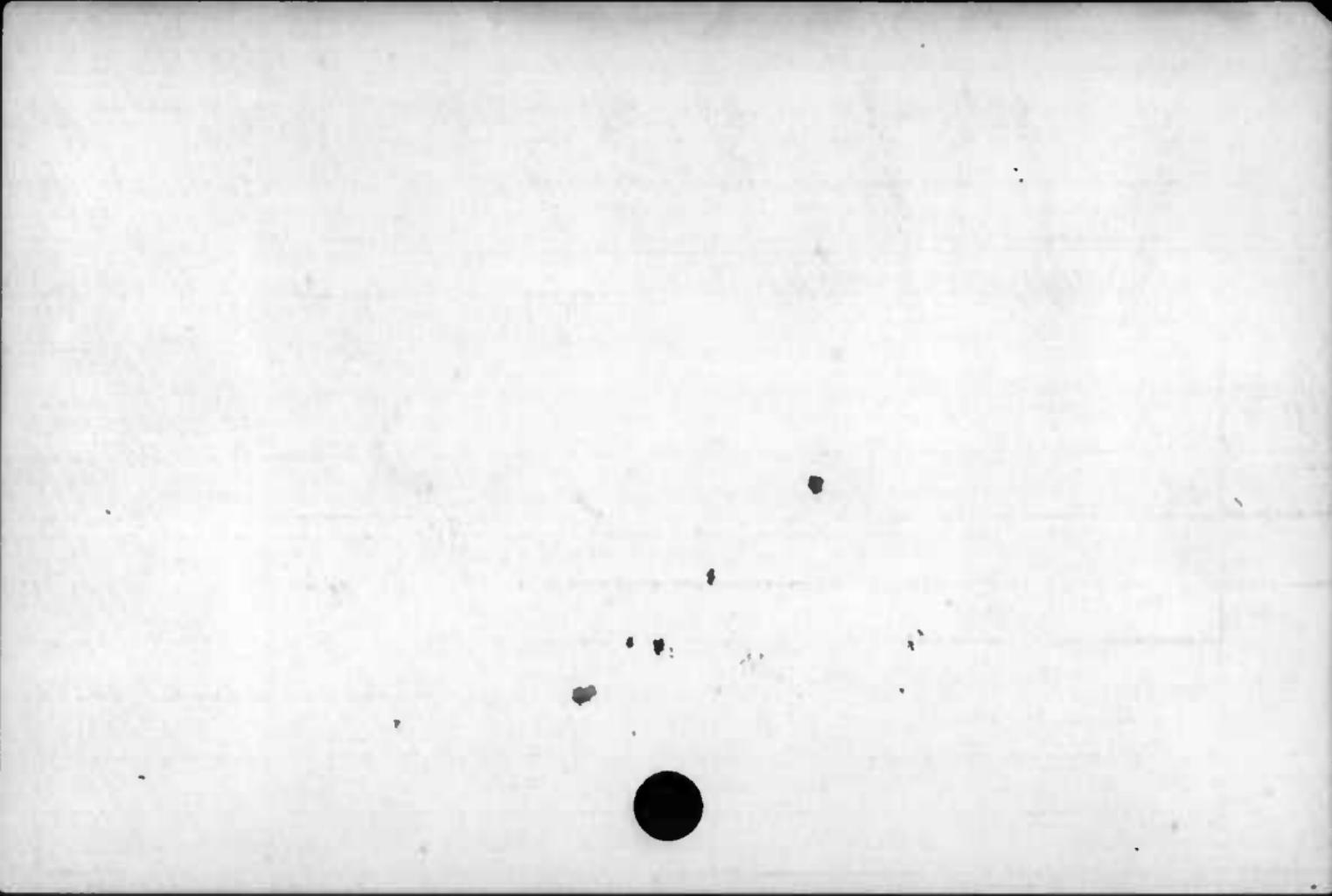
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. S. Dray
Castleton, N.H.

Accident or Suicide?



Name
In
Full

Sarah Amanda Walsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 7 th	Years 90	Months -	Days -	
Sex	Female	Color or Race	White		Birth-place	Hospital Md.	
Occupation	Housewife		Where Residing if not at place of death			Same	
Married, Single or Widowed	Widow	Name of Wife or Husband	John Carroll Walsh		Father's Birthplace	Maryland	
Father's Name	Ralph S. Lee		Mother's Birthplace			" "	
Mother's Maiden Name	Alice Anne Bond		How related to deceased			Son	
Name of person giving information	Dr Ralph Walsh						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

asphyxia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

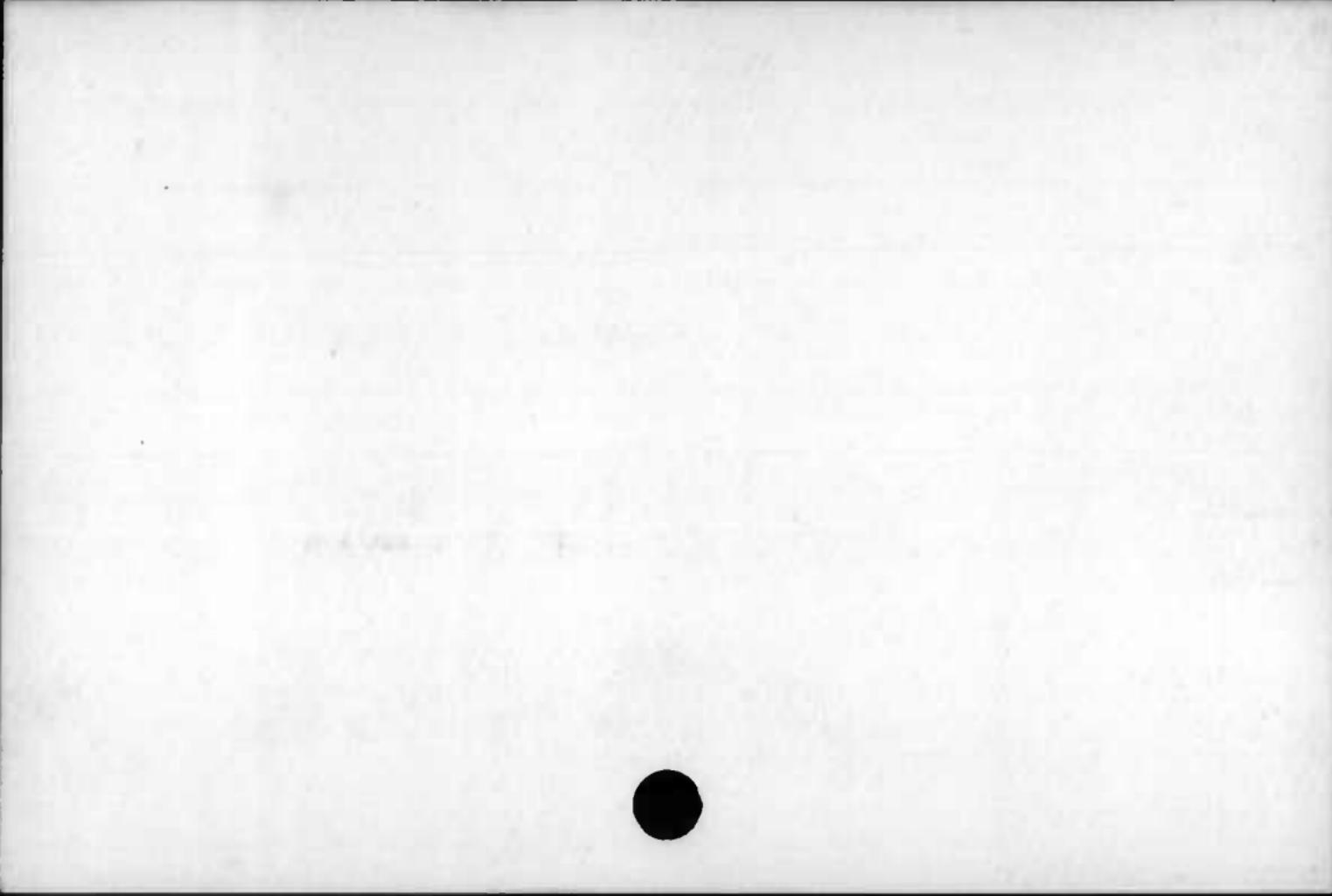
Ralph S. Lee

Falsetta Rd.

Hospital Md.

Accident or Suicide?

No



Sylvester Washington cold

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Darlington		Town Town County Harford		MARYLAND	
Date of death 1908	Month March	Day 4	Age 74 yrs	Years	Months _____ Days _____
Sex Male	Color or Race Colored	Birth-place Harford Co Md			
Occupation Laborer		Where Residing if not at place of death Darlington			
Married, Single or Widowed Widower	Name of Wife or Husband Mary Washington				
Father's Name Isaac Washington	Father's Birthplace Harford & Md				
Mother's Maiden Name Fanny	don't know	Mother's Birthplace "			
Name of person giving information Isaac Washington	How related to deceased son				
CAUSES OF DEATH					
154					
Primary old age, arteriole sclerosis	a year				
Immediate exhaustion	How long _____				

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ephr Hopkins
Darlington
Md

Accident or Suicide?

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James David Watters

CERTIFICATE OF DEATH

Died at Bel Air

Town

Date of death 1908

Month

Day

Hayford County

County

MARYLAND

Age 74 years

Months

Days

Sex male

Color or Race

white

Birthplace

Thomas Run, Md

Occupation

Where Residing if not
at place of death

Retired Judge

Married, Single
or Widowed

Name

Name of Wife or
Husband

Samy Howard Minnie Rungay

Father's Name

Henry S. Watters

Father's Birthplace

Thomas Run, Md

Mother's
Maiden Name

Mary Clendine

Mother's Birthplace

Hayford Co., Md

Name of person giving
Information

Anna May Watters

How related
to deceased

daughter

CAUSES OF DEATH

120

Primary

Chronic Interstitial nephritis

How long

Several years -

Immediate

Coma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. T. Van Dibben, M.D.

Bel Air

Md

Accident or Suicide?

No

James D. Malters

January 11 - 1854

March 29 - 1908

Name
in
Full

Elizabeth S. Winchester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Belair		Town Belair		County Harford		MARYLAND	
Date of death 1908 March 2	Month	Day	Age	Years 89	Months 10	Days	
Sex Female	Color Race	White	Birth-place	Ireland			
Occupation none	Where Residing if not at place of death						
Married, Single or Widowed Widow	Name of Husband	James Winchester					
Father's Name Sedgely Smith	Father's Birthplace Ireland						
Mother's Maiden Name Mary Dalton	Mother's Birthplace Ireland						
Name of person giving Information H. S. Winchester	How related to deceased Son.						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral Oedema

How long
3 or 4 days -

Immediate Coma and respiratory failure

How long
36 hours -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

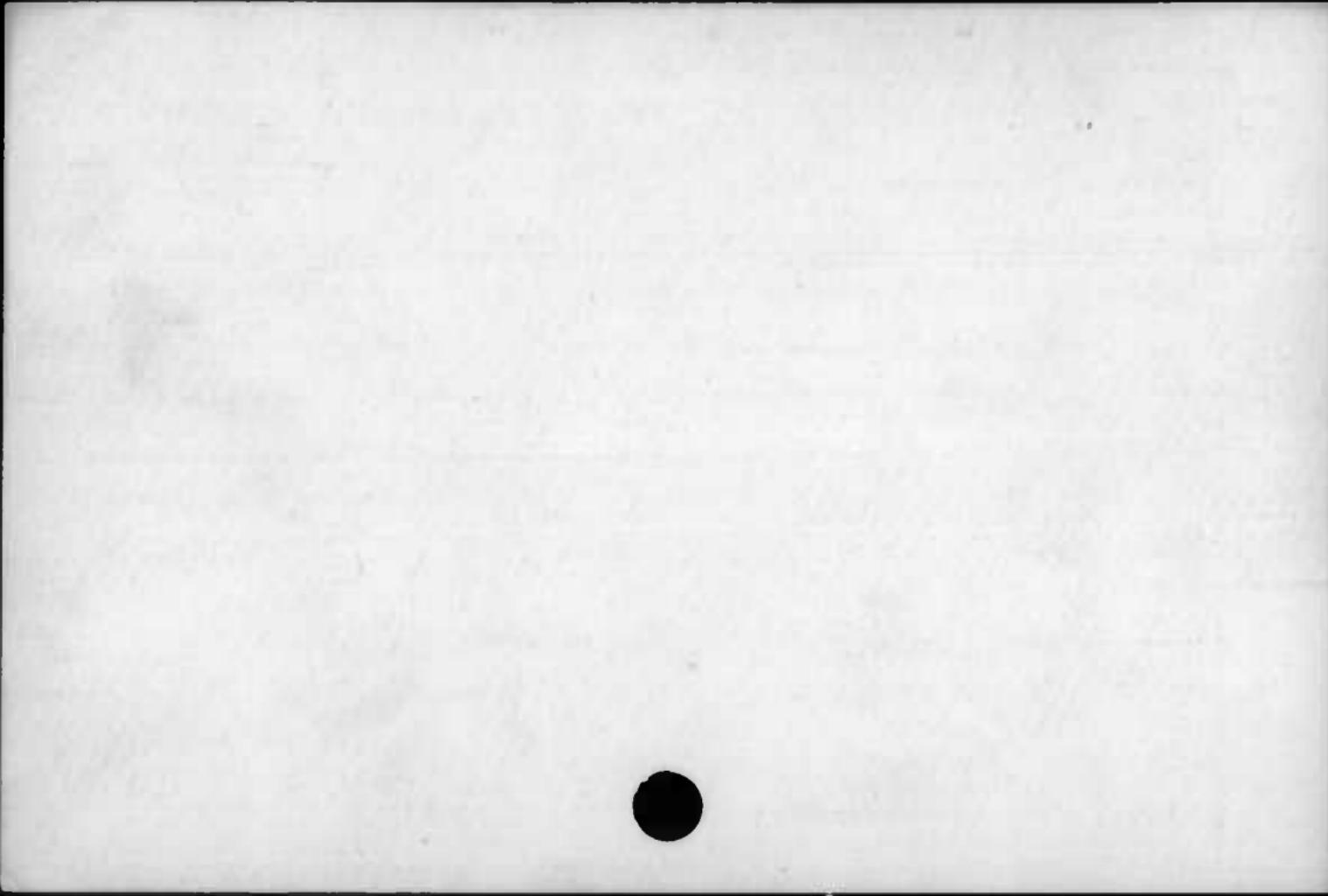
A. F. Van Bibber -
Bel Air

Address

Accident or Suicide?

No.

Md.



Esther Young

CERTIFICATE OF DEATH

Died at <u>Grace de Grawe</u> <u>Harford</u>				MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>19</u>	Age <u>74</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pennsylvania</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Grace de Grawe</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William R. Young</u>					
Father's Name <u>Jacob Bastain</u>	Father's Birthplace <u>Pennsylvania</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>William R. Young</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

Primary

Pneumonia

93

How long

3 weeks

Immediate

Heart failureHow long 1/2 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. N. SnickGrace de GraweMD

Accident or Suicide?

